2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 03, 2001 8:00 am Secretary of State DOCUMENT # F9900005041 JEFFREY ENTERTAINMENT INC. 04-03-2001 90059 041 ***158.75 Principal Place of Business Mailing Address 9123 MILITARY TRAIL 9123 MILITARY TRAIL #208 #208 PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 HS HS 2. Principal Place of Business 3. Mailing Address 3950 RCA Blvd 3950 RCA Blvd Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 5003 Suite 5003 City & State City & State 4. FEI Number Applied For 65-0931148 Palm Beach Gardens, Palm Beach Gardens, FL Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired XХ 33410 USA 33410 Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NORRIS. DAVID B Street Address (P.O. Box Number is Not Acceptable) 712 U.S. HIGHWAY ONE, STE. 400 NORTH PALM BEACH FL 33408 Zip Code City FI 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) TITLE ☐ Delete ☐ Addition JEFFREY, TIMOTHY J NAME NAME STREET ADDRESS STREET ADDRESS 13441 SABAL CHASE CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33418 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE □ Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE. Linet	10	Timothy		
SIGNATURE AND OVE	EU OR PRINTED NAI	WE OF SIGNING OFFICER O	A DIR	ECTOR

March 28, 2001

561-630-0400

Daytime Phone #